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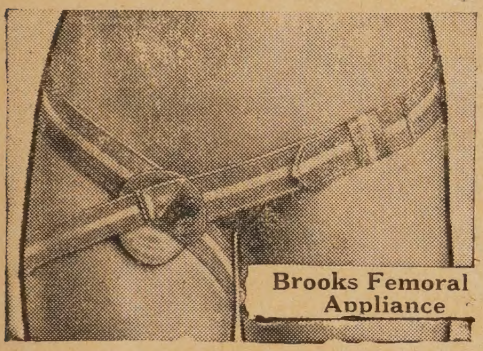

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On May 29th, 1945, Radio Vienna announced that the Vienna Allgemeines Krankenhaus has been saved from Nazi destruction by partisan groups consisting of doctors, medical students, and hospital staff. The following message "to our patriotic colleagues in Austria" has been adopted at a meeting of the Association of Austrian Doctors, on July 9th, in London.

Dear Colleagues at home,

We have heard with delight and admiration of the courage and determination displayed by doctors and members of the hospital staff in saving the Vienna Allgemeines Krankenhaus from destruction. We, who are far from home, thank you for the magnificent part you have played in the liberation of the institution to which we owe our medical training and experience. We hope that it may soon be possible for many of us to return to our country and to share with you the task of reconstruction. Our best wishes to all of you!

London, July, 1945.

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THE HEALTH SERVICES IN AUSTRIA

PROBLEMS OF MEDICAL RECONSTRUCTION AND REHABILITATION

MAY, 1945

ESSAYS

COLLECTED BY

THE COMMITTEE FOR POST-WAR MEDICAL RELIEF IN AUSTRIA
ASSOCIATION OF AUSTRIAN DOCTORS IN GREAT BRITAIN
14/15, Craven House, 121, Kingsway, London, W.C.2.

PRICE THREE SHILLINGS

PREFACE

By F. SILBERSTEIN, M.D. (Vienna),
late Professor of General and Experimental Pathology of the University of Vienna.

To heal wounds and diseases, no matter what their origin nor whom they affect, is not only the great privilege of the medical profession, but its very foundation. With this principle in mind the Austrian Refugee Doctors in Great Britain have been considering how, when the war is over, to restore the medical services to the oppressed, misguided and maltreated Austrian people. A committee has been set up to collect material about present circumstances in Austria, in so far as members of the Underground Movement have estimated them, and to reconstruct a picture of the health administration and services as they were working there in the late twenties of this century. From these data various plans have been worked out and thoroughly examined. We thought fit to put some of these plans before the medical profession, before the British authorities, and before the authorities of other Allied Nations. Realising that the Allied Nations have at their disposal experienced medical men who are more expert in administration and organization than we are, we wish to assert no claims. We thought, however, that our intimate knowledge of the country, of its people and their mentality and outlook, might make our proposals useful. Besides, we had another reason for submitting our proposals to those responsible for the restoration of medicine in Austria; for many years we have been familiar with teaching in British medical schools and its results. We have been struck by the high standard of undergraduate teaching there, especially in surgery. In Austria it has always been assumed that, before starting in general practice, the newly qualified doctor will be able to spend about four years in a general hospital under expert

guidance. The foundations of our undergraduate training, even in clinical subjects, were lectures and demonstrations; and during his undergraduate years the student learned only enough to enable him to gain his practical experience during the subsequent four years. But for the ten years before the annexation economic conditions in Austria rapidly deteriorated, and neither the state nor the students could afford such a prolonged training.

There is also good reason for extending the curriculum in biology and preventive medicine. A superficial training in biology, such as was current in Austria during the last decade, creates a pseudo-knowledge which is worse than useless, because incompetent and unsound teaching kills the student's interest and thus hinders him from learning the subject later. To my mind a medical undergraduate should devote as much time to general biology as he does to anatomy: in other words, the preclinical part of his studies should be lengthened by another year.

The teaching of preventive medicine seems to be even worse: so far our students have learned a very little so-called hygiene and next to nothing of the subjects usually grouped under positive health.

From this we conclude that a first-class continental medical training should last six years, being followed by at least two, but preferably three or four, years of hospital practice; thus it would take a young man eight to ten years after leaving school to become a well-trained doctor.

In the present circumstances it is out of the question that a poor State like Austria will be able to afford such a long and expensive training, especially in the first years after the armistice, when a dearth of doctors will prevail all over Europe. For the next few years Austria will need to train efficient practitioners in the shortest possible time; so to some extent we shall have to sacrifice theoretical knowledge and scientific founda-

tion to efficiency in what may be called medical handicraft. For this purpose we have compiled a syllabus; and we hope that after a few years conditions will have improved so much that this emergency medical training scheme will be replaced by a much fuller syllabus, covering not only biology and preventive medicine but also providing for compulsory post-graduate hospital experience over a long period.

Another difficult and important task awaits those who will have charge of Austria's medical education. They will have to eradicate the spirit of hatred which has poisoned our ancient medical school; and they will have to revive the spirit of the famous Vienna school and impress upon medical students that the essence of medicine is expressed by Sophokles' Antigone:

«οὐκ συνωδεῖν ἀλλ' συμφιλεῖν τάδ' εἰμί»

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THE PAST AND FUTURE OF THE HEALTH SERVICES IN AUSTRIA

By A. CZECH, M.D., Vienna,
former Chief Physician to the National Health Insurance for Employees.

THE Health Services of the Austrian Republic were administered by the State, assisted by the Local Authorities, the National Health Insurance, and by private charity; which, together with the whole-hearted co-operation of the doctors, raised these public services to a high standard.

The Government represented the highest health authority, and because it could nominate the teaching staffs of the medical schools it exerted an important influence on medical training. The law placed great responsibilities both on the Local Authorities and on the Health Insurance Institutes.

The State aims at an increased birth-rate and the maintenance of a good standard of health for the people, because healthy men are vital both in peace and war.

Besides the health measures, certain utility services, like water supply and sanitation, were under direct Government control; and the State also formed the legal basis for fighting infections and common diseases such as tuberculosis, rheumatism and heart-disease. Furthermore, it provided for industrial health; it supervised schools, factories and mines; it established research institutes and chairs for industrial diseases (lead, radium); and it looked after the teaching and training of doctors as well as of nurses. Most of the hospitals were founded and completely financed by the State; others by Local Authorities; and only comparatively few by voluntary or endowed institutions.

As the biggest of the Local Authorities, the Municipality of Vienna, under the leadership of the Lord Mayor Karl Seitz, achieved excellent results in all departments of public health. It had a comprehensive

system which covered nearly every aspect of the citizens' lives. For example, each new-born baby was presented with a layette, a gesture symbolising the interest and responsibility both of the Municipality and of its medical committee (under the chairmanship of the late Professor Tandler) for the health and welfare of each member of the community from the beginning of life. People seeking advice before marriage could go to a Marriage Guidance Centre, at which Dr. Kautsky, an expert gynaecologist and psychologist, was doing excellent pioneer work. There were municipal centres for blood tests; clinics and hospitals for venereal diseases; a babies' department; ante- and post-natal clinics, including child guidance up to school age.

As soon as a child was born the family could apply for a flat in a municipal house; and these flats, which had open-air balconies, were equipped with labour-saving devices and baths; and, moreover, were provided with communal laundries fitted with washing-machines, electric irons, and facilities for steam drying. In the larger blocks of flats were day-nurseries and paddling-pools for children, and club-rooms and libraries, both for school-children and adults. Sixty-five thousand flats provided accommodation for over three hundred thousand people, and the weekly rent was between 2s. 6d. and 3s. 6d. The cost of building such blocks of flats was covered by a special tax paid by the tenants of private flats, which had a very low pre-war rental.

A great deal of work was done in the fight against tuberculosis, and in all districts dispensaries were opened where the patient and his family could be examined, treated, and carefully looked after. The patients were sent to convalescent homes either in the mountains or at the seaside, to large well-equipped municipal sanatoria or to hospitals, all without charge.

Both the physical and mental health of the school-children were continually supervised, and throughout the eight years of compulsory school life a record of the physical, psychological and intellectual development of

each pupil was kept, based on the joint observations of the parents, teachers and school medical officers. This this was later useful for vocational guidance. Continuation schools, housed in up-to-date, airy buildings, provided tuition in ninety different kinds of work. Instead of attending evening classes after working hours, apprentices spent two days a week at school. Hygiene was taught, mostly by qualified doctors, at all continuation schools. As a result of economic depression, many apprentices were often unemployed, and consequently not insured, so free meals were provided for them in municipal club-rooms, and five hundred doctors and dentists voluntarily undertook to look after their health and well-being. And besides having this constant medical supervision, they had special convalescent homes opened to them.

In 1888 the National Health Insurance was introduced, and it included all persons gainfully employed under a working contract, or as paid apprentices. There was no limit as to income. Thanks to Dr. Ludwig Czech, later Minister of Health in Czechoslovakia, all dependants were included in insurance forty years ago; and gradually family insurance was adopted for the whole country, which proved a great blessing. Sickness benefit was paid for 52–78 weeks, with full provision for medical services, remedies and appliances, as well as for maternity benefits and funeral expenses. Employees contributed half and manual workers two-thirds of the insurance premium, and the rest was contributed by employers. A separate insurance against accidents provided free treatment, artificial limbs, orthopaedic appliances; and compensation for injuries—which in fatal accidents was paid to the dependants. This insurance also covered treatment of occupational diseases. Finally, disablement and invalidity compensation and old-age pensions were granted to men over 65 and to women over 60. The services of specialists, X-ray and radium treatment, physiotherapy and dental clinics, together with chemical and pathological labora-

tory investigations, were provided for all the members. Many clinics carried on research work under the guidance of first-rate experts, some of whom, like Professor Neumann and Professor Hajek, were subsequently appointed to university chairs. Moreover, as well as special centres for tuberculosis and rheumatism, there were ante- and post-natal and children's clinics; and thus it was made possible to give a quick diagnosis and the right treatment.

Ample provision was made for the specialised treatment of tuberculous patients. Since the National Health Insurance Institutes owned a great number of sanatoria there were no waiting lists and they were able to admit patients without delay. The Housing department of the Vienna Municipality was always willing to let flats to families in which there was a tuberculous member. The patient was given a separate bedroom, with a balcony, where he could continue his open-air treatment.

Patients with rheumatism were given special care, including free treatment for about four weeks in one of the spas, either in the home country or in one of the neighbouring states. Thorough treatment in the first attack has often saved patients from future relapses. They attended special clinics for after-care, and, furthermore, were taught how to carry on their treatment after returning home by means of baths, mud-baths, and electricity.

Apprentices in training came under the Health Insurance scheme and were under constant supervision. Each new apprentice was thoroughly examined, and was examined again as his health required it. He was also examined psychologically to determine his fitness for the work, and an effort was made to give him work that suited him or, if necessary, a totally different job.

Maternity beds were provided generously, so that confinements at home became the exception. All insured members who needed attention came under regular medical care; and as time went on, the periodic examinations became very important to the preventive service.

To save members from early breakdown, the Invalidity Insurance Institute collaborated with the National Health Insurance Organizations. They, too, founded sanatoria and recovery homes, and established rehabilitation centres. Some of the working population were entitled to invalidity and disablement benefit as well as to health insurance. It was intended to extend both types of insurance to cover all workers, but this measure had to be postponed because of the industrial crisis.

The Health Insurance Institutes paid full fees to the public hospitals without any charge to the patient, if necessary for a whole year. Some had special departments for diagnosis; some even had their own hospitals. The Health Insurance organisations have proved themselves essential to the health services, and though under state control they were self-governed—their committees being elected by the members. There were no approved societies.

The panel doctors showed great enthusiasm for their work, and were very efficient. The panel patients never attended the out-patients' departments at hospitals unless sent there by their doctors. Regular post-graduate courses kept the panel doctors well informed of the new methods and of the results of research work.

While working at paid hospital posts for a period of up to five years, young doctors could gain their post-graduate experience; after which they could either take up appointments as panel doctors, set up in private practice, or combine the two. Panel doctors were entitled to old-age pensions.

Our plans for future Austrian health services have been greatly influenced by the experience we have gained in Britain, where at present a reform of the medical services is being planned.

Hoping to find an adequate solution for our small and impoverished country, we Austrians are following this development with keen interest. Meanwhile we are glad to have the opportunity of studying all the achievements of progressive medicine.

The Peckham Pioneer Health Centre is a fine example of socio-medical research. It was a large social family club, providing fully for the leisure of its members: with a swimming-bath, a gymnasium, a theatre, a cafeteria, with libraries and day-nurseries, and with an out-lying dietetic farm and holiday camp. The club was open daily from 2 p.m. to 10.30 p.m. The conditions of membership were peculiar in that individuals could use the club only as members of a family unit. Every one had to agree to a periodic overhaul by specially trained biologists, though no treatment was given at the club. Those needing treatment were referred to existing medical services, so that the doctors had the opportunity of seeing the disease at its earliest inception. The biologists working at the clinic believed the cultivation of good health to be a totally different science from that of the correction of disorder and disease. Similar work should be done in all countries.

As the emphasis has changed from the curative to the preventive aspects of medicine, the scope of medical research has widened to cover medical psychology, nutritional research, the study of industrial diseases, greater accuracy in medical statistics, the study of environment, and rehabilitation.

All these studies have widened our outlook in many ways. As doctors, we have come to realise that the soil in which the diseases develop has an important influence on their course. At the time of Pasteur, questions of sanitation and food contamination were in the foreground. Modern medicine is concerned with the details of environment and with deficiences in nutrition, as well as with the effects of food contamination; and with the bad effects of over-crowded houses no less than with inadequate sanitation. Statistics reveal the relation between poverty and an increase of the morbidity- and mortality-rate in all age groups. These and other related problems come within the scope of social medicine. New and great duties await the medical profession, especially the family doctor. Each case of

ill-health must be studied in relation to its social background. With his increased knowledge of nutrition, it is the expert's duty to teach the housewife how to preserve all nutritional values in food. As an example an interesting experiment may be quoted which has been made at St. Mary Abbot's and Paddington Hospitals. Stoves have been put into the waiting-rooms of the antenatal clinics, and practical cookery demonstrations are given there by experts. These are greatly appreciated by the women and are far more impressive than any printed instructions.

The science of industrial health has the great task of keeping the working population fit as well as of protecting them from occupational diseases associated with special types of work. Most people are at present working under abnormal conditions, doing work they are not accustomed to; and they are affected by defective ventilation, by overcrowding of the workrooms, and by the continuous strain of overtime. These disadvantages must be overcome by the collaboration of industrial health officers, technical experts, and sanitary inspectors. Where workers' health committees have been introduced into factories, workrooms have been inspected daily, and conditions of work regularly supervised. Such committees aid production by preventing accidents and dieases. The need for using all available men and women to the full has emphasised the importance of medical psychology. If the right person is to be put in the right place it is essential to understand his psychological as well as his physical needs.

It is the doctor's privilege to deal sympathetically with the individual troubles of each patient and to identify himself with the patient's worries. He alleviates pain in all its aspects and tries to mitigate the dread of an operation and the anxiety resulting from pregnancy or bad health. The relief of pain is considered so important in Britain that it has led to the development of anæsthetics as a separate science.

All this evidence points in one direction. In the

past the medical profession confined itself to looking after people in illness and distress; but in future they will try not only to prevent disease, but, by cultivating their health, to keep men bodily and mentally fit. In order to be qualified for this task, medical students should be taught not only the pathology of diseases, but also an understanding of their social causes. Doctors will take their place as expert advisers on social reform and health education; and in every country they will become the trustees and guardians of the people's health.

MATERNITY AND CHILD WELFARE

By F. F. TIETZE, M.D., Vienna, L.R.C.P. London, M.R.C.S., England,
former Assistant Medical Director of the American Red Cross in Austria (1922) and former Secretary of the Executive Committee of the National Child Welfare Association, Austria, 1922-1928.

MEDICAL aid (both advice and treatment) and relief work, though closely connected subjects, should be considered separately. The prevailing conditions in free Austria will determine the needs of both.

MEDICAL AID.

Besides lying-in hospitals and other institutions for expectant mothers, and for infants and older children, clinics will be needed for ante-natal and child and school welfare work (including nurseries and nursery schools). In pre-war Austria work in all these branches reached a fairly high standard, but it is not known what conditions prevail at present, nor how far work in existing clinics has been carried on in war-time. It will be safe, however, to assume that the shortage of doctors and nurses has greatly restricted these fields of activity; and therefore we may hope that a certain number of refugee doctors and nurses will be willing to return to their home country.

After the last war a central organization was created

—the National Child Welfare Association—in which the Austrian National Department of Health and the Commonwealth Fund of New York (succeeding the American Red Cross in Austria), collaborated in financing and supervising the entire maternity and child welfare work of Vienna and the Austrian provinces. The provincial directorates, which formed a link between headquarters and the local clinics, were under the central directorate.

Since we may assume that at the beginning of post-war relief work the existing clinics' premises will suffice at least for emergency needs, the only outlay will be on salaries for doctors and nurses. Incidentally, during 1919 and the following years, the medical and nursing professions did important relief work in these fields.

The following figures may serve to indicate the numbers of infant and child welfare centres (Mutterberatungsstellen fuer Saeuglinge und Kleinkinder).

In England and Wales, with a population of roughly 41,460,000 at the end of 1943, there were 2,994 such centres run by local authorities, and 831 by voluntary associations, making 3,825 in all, or about 1 to every 11,000 inhabitants.* At the same date there were 1,687 ante-natal clinics run by local authorities and 252 by voluntary associations (1,939 in all), or about 1 for every 21,300 inhabitants.

Reckoning on these lines, Austria, with some 6,760,000 inhabitants, should have 614 infant welfare centres and 310 ante-natal clinics, with about 500-700 medical officers, and 700-1,000 nurses. In 1927 there were 508 infant welfare centres, but 279 of these were in Lower Austria, which thus had 1 for every 5,360 inhabitants, while the rest of the country, including Vienna, had only 229, or 1 for every 21,700 inhabitants. Ante-natal clinics were rare in Austria outside Vienna.

At the end of 1943 there were over 1,500 nurseries in Great Britain (1 for every 27,000 inhabitants). The corresponding figure for Austria would be 250.

*Summary Report of the Ministry of Health for the year ending March 31, 1944.

RELIEF WORK.

Relief work could be closely co-ordinated with medical aid. Material relief would certainly attract mothers to the medical aid clinics. Mothers and children will need FOOD, MEDICAL TREATMENT (including drugs), FUEL AND CLOTHING.

FOOD: According to figures published by the Inter-Allied Information Committee, London, in May, 1942,† the German (Austrian?) civilian weekly rations were:

	Oz.	Grammes	Calories (approx.)	Calories per day (approx.)
Bread (and flour	80	2,268	5,000	1,300
Meat - -	14	397	1,000	
Fats - -	9½	269	1,000	
Sugar - -	8	227	1,000	

(Potatoes were not rationed.)

These standards of rationing were in operation in December, 1941,** and we do not know whether they will be the same now that the war has stopped, still less do we know whether these amounts are available for everybody, and what, beyond the rationed items, is supplied to civilians. So we cannot judge what deficiency of calories will have to be made up and what measures will have to be taken.

Besides mere caloric value there are two important food requirements to be considered:

MILK—especially for infants and older children, and expectant and nursing mothers. The problem of milk will be easier to deal with than it was after the last war. Dried milk (milk powder), which in Great Britain has proved such a reliable substitute for fresh milk, and of

†Conditions in Occupied Territories 2, H.M. Stationery Office.

**According to Arvid Fredborg ("Behind the Steel Wall," Harrap, 1944, p. 101), from April, 1942, the bread ration was cut to 2,000 g. a week, the meat ration to 300 g., and the fat ration to 206 g.

which so many excellent brands are produced nowadays, simplifies the transport problem, since it takes so much less space and is much less liable to decomposition than fresh milk.

VITAMINS.—All the essential vitamins can now be supplied in concentrated form, either as tablets (B and C) or in solution (A and D). In fact, they would have to be supplied like that if ordinary cod liver oil (A and D) and sufficient fresh fruit and vegetables containing ascorbic acid (C) are not obtainable.

The British Ministry of Food supplies National Dried Milk and cod liver oil and concentrated orange juice for infants and children, in the following amounts:

(a) Tins of 20 oz. of Dried Milk (568 g.), equivalent to 7 pints (4 litres) of fresh milk.

Age of Child.		*Quantity.* (*Bottles*)
Under 4 months	....	3 for 2 weeks
4 - 8 do.	....	2 for 1 week
8 - 10 do.	....	3 for 2 weeks
10 - 12 do.	....	5 for 4 weeks

(b) Cod Liver Oil in 6 oz. bottles (170 g.)

Age of Child		*Quantity.*
Up to 6 months	....	1 bottle for 12 weeks
6 months to 5 years	....	1 bottle for 6 weeks

(c) Concentrated Orange Juice in 6 oz. bottles (170 g.).

Age of Child.		*Quantity.*
Up to 6 months	....	1 bottle for 3 weeks
6 months to 5 years	....	1 bottle for 2 weeks

The following table shows the corresponding amounts necessary for Austrian infants and children for 6 months (26 weeks).

AGE (months)	CHILDREN estimated to be in Austria	DRIED MILK (20 oz. tins)			COD-LIVER OIL (6 oz. bottles)			CONCENTRATED ORANGE JUICE (6 oz. bottles)		
		Quantity per child for		Total for 26 wks.	Quantity per child for		Total for 26 wks.	Quantity per child for		Total for 26 wks.
		2 wks.	26 wks.		12 wks.	26 wks.		6 wks.	26 wks.	
		TINS			BOTTLES			BOTTLES		
Under 4	46,000	3	39	1,794,000	1	2.17	141,000	2	8.7	565,000
4—6	19,000	4	52	988,000	1	2.17		2	8.7	
6—8	17,000	4	52	884,000	2	4.33	2,187,000	3	13.0	6,565,000
8—10	16,000	3	39	624,000	2			3		
10—12	15,000	2½	32½	487,500	2			3		
12—60	457,000	...	...	...	2			3		
	570,000			4,777,500			2,328,000			7,130,000

ORGANISATION OF THE MEDICAL SERVICES IN LIBERATED AUSTRIA

By ERICH SCHINDEL, M.D., Vienna,
L.R.C.P London, and M.R.C.S. England.

THE first duties after the liberation of Austria must naturally be to prevent epidemics and to restore nutrition; and when these have been achieved the next emergency measure will be to reorganize the medical services. The first step must be to decide whether enough doctors will be available.

Before 1938 there were 8,042 doctors practising in Austria for a population of 6,534,481, which is one doctor to 813 inhabitants. In pre-Nazi Austria this was fairly satisfactory, though the distribution of doctors among the federal provinces was very uneven, more than half (4,519) being registered in Vienna (population 1,865,780), which left the country's rural districts in great need of medical care. This uneven distribution is clearly shown below.

Federal Capitals.	*Ratio: Doctors: Inhabitants.*
Vienna - - -	1 : 412
Graz - - -	1 : 458
Innsbruck - -	1 : 290
Provinces (mainly rural).	
Tyrol - - -	1 : 860
Burgenland - -	1 : 2442

(In the provinces the shortage of rural doctors is more serious than appears, because the population of the provincial capitals has been included.)

It must be assumed that far fewer doctors are available in liberated Austria than there were before 1938. Many of them are prisoners of war, others have been

killed. The number of medical students has been restricted in war time, and the newly qualified doctors will certainly need re-educating, both professionally and otherwise, in view of their insufficient and one-sided training. Nearly half of the Austrian doctors (about 3,000) were forced to leave Austria after the German annexation in 1938. Finally, because of their Nazi activities, some Austrian doctors will have to be rejected.

Though deprived of many reliable members, the medical profession will be faced with tasks far beyond their usual scope; they will have to deal with the control of epidemics, the supervision of quarantine camps, the care and repatriation of displaced people from and to Austria; the care of the war-disabled, of the neglected, the homeless, and of orphan children.

Thus, a considerable scarcity of reliable doctors and specialists will doubtless be one of the most outstanding post-war problems in liberated Austria, and to meet urgent needs it will be essential to re-establish the "Volksgesundheitsamt" as the central board for public health, and make plans to extend its control and supervision over the entire Austrian health services; to restore all health institutions and to establish health centres (Poliklinische Ambulatorien) and co-ordinate their activities in a general medical service open to all; to re-establish and maintain a general and specialist practice, fully co-operating with the regional health institutions (health centres); to found medical services in rural districts (mobile medical units); and to reinstate in the health services those Austrian specialists, practitioners, and students, now abroad.

"Das Volkgesundheitsamt"—The Central Board of Health.—In pre-Nazi Austria the scope of the "Volkgesundheitsamt," as an independent department of the Federal Ministry for Social Administration, was limited almost entirely to public health: for example, "Das

Physikat " and several minor lego-medical and educational matters. This body should be enlarged into a Central Health Board so that it may meet the state of emergency, avoid overlapping and waste, and make the most economical use of all available opportunities. It should have power to deal with public health, preventive medicine and health education, health insurance and the system of health institutions, and the general and specialist medical practice. Under its supervision, regional health authorities should be formed in Vienna and the provincial capitals.

Health Insurance.—All health insurance institutions should be unified; and indeed it is said that some have already been united during the last years of war, and " Gebietskrankenkassen " (district health insurance institutions) have been set up, replacing the many independent health insurance societies of the past.* The health institutions (hospitals, clinics, sanatoria, recreation homes and laboratories) formerly owned by the health insurance societies, and famous for their pioneer work, should become part of the medical services. Accordingly, the health insurance system should become a national scheme, and include the whole Austrian people.

The Medical Board.—A medical council, consisting of delegates of the Medical Faculty and representatives of the medical profession, should be attached to the Central Board of Health.

The Health Directorates—Regionalisation of the Medical Services.—The local health authorities (health directorates) should be encouraged to use to the full all

* Since this article was written, Vienna Radio announced that the three principal health insurance institutions, viz. " Betriebskrankenkasse, Wien " (workers' insurance), " Die Angestelltenkrankenkasse, Wien 5 " (employees' insurance), and " Die Landwirtschaftliche Versicherungsanstalt, Wien - Niederoesterreich " (agricultural insurance) have resumed work. This is a big step forward towards the reorganisation of the medical services.

existing facilities in their districts, and to co-ordinate the work of health institutions, doctors and health personnel. The medical services must, of course, vary according to the needs and density of the population, whether industrial or rural. In Vienna, highly specialised units for radium treatment, brain surgery, chest surgery and facial plastics, should be established to serve the whole country. Vienna and other federal provinces should be divided into health regions (districts, sub-districts: Bezirke, Rayons), which will be served by main (district) hospitals and health centres, smaller (secondary) ones, and tertiary health centres in rural areas. The health centres, in general unknown in pre-Nazi Austria, thus would form the nuclei of the emergency health service, and it may be helpful to consider more fully how these could be established.

* * *

THE HEALTH CENTRES —" Poliklinische Ambulatorien."

It will be the hospitals, the hospital out-patient departments, and the former health insurance clinics of all types which will bear the brunt of the demands on the general emergency health services in the first period. Hence, it is specially important that all existing clinics and out-patient departments should be housed in institutions which can take a full share in the general medical service—that is, they must become health centres (poliklinische Ambulatorien). These will provide free medical examination and treatment to *all* residents in their area, whether temporary or permanent. In addition to existing clinics it will be necessary to study the possibilities of building up standardised health centres wherever necessary.

In general, the health centres will undertake medical examination, treatment, and research, on behalf of each district. They will be responsible for all medical measures assigned to them by the public health authorities. All medical measures must be planned in full co-operation and co-ordination with the health centre of

the area. During the immediate post-war period the health centre cannot aim at building up a comprehensive health service. We shall have to face shortage of doctors, danger of epidemics, famine, the needs of physical and moral derelicts, war disabled, and of those who have been repatriated. Those who have suffered from the effects of the war must be our first care.

The following principles of health centre activities may serve as a guide to the centres' needs and methods of work. The structure and work of the various health centres are diverse, partly because of their origin and partly because the emergency tasks have priority in given areas, but their basic organization should be the same. Administration should be standardized to prevent waste of labour.

Every district should have one or more health centres attached to a district hospital. Districts may be sub-divided and local (smaller) health centres set up if need be. These and all other local health institutions, as well as the local doctors, should form a unit and be supervised by the district health centre. The health centres on the outskirts of the towns may be specially equipped to become bases for the rural medical services (mobile units).

It will be essential for the hospitals to work together with the health centres. Every doctor should be compelled to work in close touch with the health centre of the district; and in addition, to reduce the demand on hospital beds, a scheme for home nurses and domestic helps should be organized. Reports of the district nurse, the social welfare worker, and the tuberculosis visitor should be included in the patients' case-history.

A Main Health Centre should include consulting rooms for doctors and specialists, waiting rooms, a radiological department and a physical medicine department, a small operating theatre and plaster room, a dental surgery, laboratory, dispensary, a welfare office, and doctors' and nurses' duty rooms.

A Health Centre Staff should consist first of a medical staff. All doctors should have fixed surgery hours, and should also, if necessary, attend their patients in their houses. There should be a rota for night duties, and the doctors, who will be State servants, should be helped in their work by ancillary health workers. Secondly, there should be a nursing staff, with a Sister (Stationschwester), nurses both for surgeries and the home, for the radiological department, the dental surgery, and the department for physiotherapy. As well as the medical and nursing staffs there would be laboratory assistants, pharmacists, welfare workers, secretarial staff, telephone operators, porters, cleaners, and others. The success and efficiency of such a centre would depend upon team work.

The Specialists' Work at Health Centres.—To make best use of the specialists at hand, a consultants' service should be arranged from the district health centres to be available for even the smallest hospital or health centre. These physicians and surgeons should have special consulting hours, and if possible the patients' doctors should attend.

Attached to each health centre there should be a tuberculosis, a venereal disease, and an ante-natal clinic, a maternity and child welfare centre, and a centre for rehabilitation.

*

Other health centre activities should include medical care for those in welfare and educational institutions within the appointed area, such as day nurseries, nursery schools and camps. There should also be a school medical service, a service for industry, an organization of first-aid and casualty services, and an ambulance service.

Should special investigation or treatment be necessary, or both, patients could be transferred to higher units or admitted to hospital.

The health centres should be in close touch with the local doctors, and each patient should have a free choice

of doctor. He might either register with a local doctor or choose one from the local health centre. Appointments for patients should be arranged in busy centres.

* * *

THE GENERAL AND SPECIALIST PRACTICE.

At the moment it is impossible to give even an approximate account of the number of *Austrian* doctors practising in Austria. The only figure available was published in 1942, when it was estimated that there were 1,300 doctors, both German and Austrian, working in the Vienna area. Since then the number has fallen considerably in Vienna, as well as in other industrial towns. In the rural provinces medical practice has been almost entirely replaced by mobile medical units.

To speed up an efficient emergency health service, especially during the initial period of reorganization, it will be very important not only to raise and maintain the standard of the existing surgeries, but also to encourage those doctors who wish to return to their practices. Whatever may be decided at a later stage as to the merits of full-time State medical practice as opposed to private practice, it will be immediately important to make the best use of existing and re-opened surgeries co-operating with the local health service. The practice should be based on a comprehensive national insurance scheme, which will provide insured people and their families with medical care; and to this end, all doctors and specialists should, even if they must be legally compelled, undertake health insurance practice with free choice of doctors within the patient's own region. These practitioners should work in close touch with the local health institutions, and be encouraged in emergencies to undertake at least part-time duties at the health centres.

* * *

THE RURAL MEDICAL SERVICE.

In rural and alpine areas the medical services, even in pre-Nazi Austria, were inadequate, so that it will be

far more difficult to reorganize the country districts than the towns. Difficulties will arise not only from lack of doctors and health institutions, but from long distances and poor communications. Without a special knowledge of geographical conditions, of the present state of the people and their movements during the last years, it is impossible to give exact data or to make detailed suggestions. But attention should be given to the following:

To attract doctors to the rural service, even if only for a limited time, conditions should be made specially favourable.

The mobile units, introduced by the Nazis during the war as an emergency measure, should be taken over and adapted for wider use. There were about 240 in Austria, of which 60 were stationed in Lower Austria alone. We shall need at least as many as this now.

Each district which has at least one health institution, such as a hospital or a health centre, may serve as a centre for rural services. Such health institutions may be specially equipped to serve as bases. The range of a single mobile unit may vary from between 10 to 20 kilometres, or even more, depending on the density of the population and on the type of country.

According to need, small (tertiary) health centres in villages, each staffed by a nurse or midwife, should be set up; supported by the mobile units, they will be able to work in touch with the neighbouring higher centres.

These mobile unit bases should provide general mobile units—the equivalent in fact of small local health centres—as well as special units, such as surgical, dental, X-ray, laboratory, and epidemic control units. The U.N.R.R.A. scheme for equipping mobile units might be followed. Among the equipment of a general unit there should be a standardized midwifery bag containing all the necessary equipment. The staff of a general unit should include doctors, nurses, welfare workers,

drivers, and if necessary specialists such as tuberculosis and venereal disease consultants.

THE RETURN OF EXILED AUSTRIAN DOCTORS TO THE POST-WAR AUSTRIAN MEDICAL SERVICE.

Foremost in discussions among Austrian doctors, whether permanently or temporarily registered in Great Britain or anywhere in the free world, is the question of a return to Austria. It is certain that there will be a great need in liberated Austria for as many doctors, specialists and medical students as can be got there.

Austrian doctors abroad have had the opportunity to enlarge their medical knowledge, and in many cases have been able to specialise; but it should not be forgotten that they have been driven from their country, deprived of their rights, their positions, and of their former security. The questions of compensation for damage and loss due to Nazi oppression will be dealt with elsewhere. Here I am only discussing the special requirements necessary to give all returning doctors a fair opportunity to do successful work in the post-war medical service under reasonable conditions.

Briefly, they need financial security and a place to live somewhere near their work, and to be reinstated into positions appropriate to their former standing.

The idea of returning to our homeland has ceased to be something like a jump into the dark. However hard and bitter a life we may expect in the first period of reconstruction, however hard and patient a struggle we may have to wage in order to make good all the mischief and misery the Hitler regime and those who paved its way have brought to the whole country, one thing stands out clearly: there will be work for every one in the medical profession, and this work will be part of a reconstruction scheme which, as well as giving the doctors a fair chance of succeeding, will prepare the way to a better and more modern health service.

REHABILITATION AND WELFARE FOR THE DISABLED IN AUSTRIA

By FELIX BAUER, M.D., Vienna,
former Orthopaedic Consultant to the Vienna Municipality, Hon. Orthopaedic Consultant to the Vienna Children's Hospitals and Welfare Service.

In the beginning of the last war when wounded Austrian soldiers returned from hospitals no after-care was provided for those with paralysis, atrophy and contracture of muscles, and stiffness and disability of joints. We made a start with physiotherapy and rehabilitation, and the results were good enough to impress the authorities. The Vienna Orthopædic Hospital, with 2,000 beds for wounded soldiers, was founded in 1915, and attached to it were State workshops for artificial limbs and other appliances (Die Staatliche Prothesenwerkstaette). Its "Schools for Invalids," accommodating up to 4,000 war-injured people, were the biggest rehabilitation centres in Europe, and the patients were cared for and given occupational therapy and rehabilitation by instruction and physical training. After the war, State workshops for artificial limbs continued to work for the war-wounded, and besides this we introduced welfare for civilian cripples, particularly for children and adolescents.

The Vienna municipality introduced orthopædic treatment and prophylaxis in children's hospitals, schools, and infant welfare clinics. Young cripples were housed in a special elementary school. We also learned to prevent congenital malformation such as scoliosis, wry-neck, and particularly congenital dislocation of the hip, which is quite often met with on the Continent. We were able to restore function *without* plaster-of-Paris fixation for congenital dislocation of the hip. Treatment on such natural and reassuring lines, by which the muscles and the hip-joint are actively restored after reduction, is now firmly established in London and Bristol.

It was Böhler in Vienna who introduced the correct preventive treatment of casualties which is now accepted the world over. The principle is to preserve function, joint mobility, and muscular strength ; and rehabilitation and treatment are almost concurrent.

When we return to Vienna we shall find Böhler's Casualty Hospital, the Orthopædic Hospital with its ancillary institutions, and the orthopædic and casualty wards in the University Hospitals in Vienna, Graz and Innsbruck. These hospitals should be the principal centres in the Austrian organization for rehabilitation and welfare ; but every health centre should itself provide the services of an expert orthopædic surgeon or physiotherapist ; or if they are not available, of a surgeon or doctor with special experience. With the help of trained nurses and gymnasts, the health centre should provide the necessary rehabilitation both for casualties and for many other patients ; and its staff should also supervise and help the war-wounded in their work, whether in the factories—working in touch with factory doctors and industrial inspectors—or in self-aid societies. Besides all this, the health centres should help both the war-wounded and civilian cripples to have local associations of their own, and to build up social centres where they can enjoy healthy and happy recreation. Children's health centres should be responsible for orthopædic welfare, and if centres are not available the orthopædic consultant in the area should instruct his colleagues in hospitals, infants' clinics, and schools to watch for the earliest signs of deformities.

If possible, with the help of U.N.R.R.A., we hope to start not only the most urgent work for the war-disabled, but also a full programme of cripple welfare and rehabilitation, which in future should be an essential part of the public health service.

I. PREVENTIVE WORK FOR CRIPPLES.

This should be planned to prevent:

1. Scolosis, wry neck, and congenital dislocation of the hip in infants.

2. Flat foot, knock-knee, and faulty posture in children.
3. The harmful effects on adolescents of strenuous full-time work in offices or factories.
4. To give sound, early treatment to casualties, and to treat those diseases which, like rheumatic and joint diseases, directly damage joints and muscles, or those which by enforcing a long period in bed damage them indirectly. The idea is to provide rehabilitation as a normal service in every ward, on the lines found in some English hospitals.

II. TREATMENT OF DEFORMITIES.

These deformities include crippling of all types, whether acquired through disease,, accident, or war injury. To carry out this extensive programme we shall need the co-operation of family doctors, pædiatricians, school medical officers, factory inspectors, midwives, nurses, physiotherapists, gymnasts, and social and welfare workers—trained by orthopædic experts.

In this work Vienna will need the help of the better world we hope to make after the war. Vienna will certainly continue to do its duty in this important field of medicine.

POST-WAR NEUROLOGY AND PSYCHIATRY

By M. SCHACHERL, M.D., Vienna,
Professor of Neurology and Psychiatry at Vienna University, and Chief Physician (Primarius) to the Franz Josef Spital, Vienna.

THE problems of post-war neurology and psychiatry will be relatively easy to solve. In practice the two branches can be separated, though there must always be links between them.

It will probably be impossible to organize treatment and nursing establishments in the post-war period. In Austria the three university clinics, together with the

provincial clinics—some of which are well equipped—should, even under the most unfavourable circumstances, suffice, provided that they are kept as far as possible for the Austrians. The Reichs-German patients should be despatched to similar clinics in Germany. If suitable doctors and nurses are available, it should be possible to get the incurable cases and half of the others away immediately; and to get about two-thirds of the rest away within 4 to 6 months (the average length of illness in such case).

Providing specialists of experience are running the university clinics, as well as the provincial institutions, they should find it possible, besides examing, observing and classifying the cases at hand, to select those suitable for transfer and get them away as soon as possible. It is important that the doctors in charge of such clinics should be politically reliable, since it is likely that in the immediate post-war period the right of asylum for the mentally ill will be readily abused.

Provided those in charge of the institutions are suitably qualified, political soundness in their assistant medical officers is more important than expert knowledge; and conversely, the professional ability and experience of the nursing staff are more important than their politics.

This, of course, is an emergency measure, and the shortcomings of both should be corrected as soon as possible.

Special attention must be paid to the professional knowledge as well as to the political reliability of the official psychiatrists of the law courts (Gerichtspsychiater).

If possible, it would be wise to house the neurotics in one institution, so that we should be able to differenciate more easily and less crudely between the true neurotics and cases of " escape into illness." It would also make it easier to distinguish between real or imagined inferiority feelings.

Such an examination could be carried out by suit-

able medical and nursing personnel in from 6 to 8 weeks. Whether those not suffering from true neurosis should be transferred to an annexe of the mental hospital or to other hospitals would have to be decided in accordance with conditions at the time.

The bulk of the cases of war neuroses, including those developing as a result of being buried by shell-burst, could soon be sent to convalescent homes; while others, given suitable opportunity, could start work again. It is, therefore, important for the hospitals to be in touch with the training centres.

Suitable graduated work must also be arranged. A little personal understanding often goes a long way to encourage the work-shy, though some are beyond any help.

A close relationship between convalescent homes for nervous cases and work-centres seems indispensable. Some patients, if they are able, should be given the chance of doing landwork.

To treat all neurotics in institutions would be ideal, and would certainly achieve better results in shorter time than out-patient treatment. Out-patient treatment, however, is often unavoidable owing to lack of space. In practice, institutional treatment has to be limited to serious cases.

With the exception of those with head trauma and ambulatory defects, a large part of the organic nervous cases could also have out-patient treatment. Provided suitable accommodation could be arranged with private families, institutional treatment of other organic nervous diseases might also be given up. Proper treatment for such cases will be available only in the bigger towns, where the supply and maintenance of electrical and mechanical remedial aids are assured. In any event, the treatment and observation of such cases take time. For instance, recovery is slow in peripheral nerve lesions, and is often delayed by the need for secondary operations; the same is true of spinal lesions, and of cases of meningeal hæmatoma.

It would greatly simplify the otherwise complicated

organisation if the sick and wounded were included in the remedial exercise classes. Most of those who, though not war-wounded, have nevertheless sustained injury to the organic nervous system during the war, could also be treated as out-paients under similar conditions.

Judging from experience of the last world war, apparatus for electrical and mechanical therapy is certain to be plentiful: It will be essential—and on this point enough has already been said—to safeguard all medical supplies before transport leaves Austria. It should, moreover, be possible to use at least some of the existing abundant personnel.

The above measures are designed to meet the emergency; but the more important ones could easily be stabilised by including them within the framework of the health centres. Mental cases present special difficulty. It will always be necessary to send many of them either through the police or relieving officer into a mental hospital as quickly as possible; whereas the less serious cases, together with the neurotics, can be cared for at a health centre. For this purpose the health centre will have to be staffed by medical officers who understand psychotherapy, and it will also be necessary to have staff capable of dealing with organic nervous diseases. In this way the health and training centres will be able to keep in close touch.

It would take too long to explain in detail methods of training, reablement and re-education of patients of these different types; it must be left to the skill of the medical staff, and particularly of the director, to decide what is best for the individual case.

A PROPOSED CAMPAIGN AGAINST VENEREAL DISEASES IN POST-WAR AUSTRIA

By A. FESSLER, M.D., Vienna, L.R.C.P., Lond., M.R.C.S., Eng.

STEPS have to be taken to prevent the spread of venereal disease by demobilised soldiers and others, and to pre-

vent late complications, especially of congenital syphilis, neuro-syphilis and mesaortitis.

Plans have to be made to improve the average sexual morality, which has deteriorated under the influence of certain Nazi ideas, such as those encouraging illegitimate birth and the destruction of the family. Big party meetings, Hitler youth rallies, the labour camps, and naturally the war, have all favoured promiscuity.

What can be done must largely depend upon the method of demobilisation, which it is hoped will not reflect the chaos of 1918, the facilities for treating patients with venereal disease, the current legislation, and the economic situation of the country.

Every soldier should be examined before discharge, and those infected must be detained until they are no longer contagious. Everyone who has been treated should be sent to a venereal disease clinic for observation and, if necessary for treatment. Blood Wassermann tests must be regularly done, and the cerebro-spinal fluid examined early; pyrexial therapy should be begun at once if a positive Lange curve is found, whether the patients have symptoms of neuro-syphilis or not.

Some principle must be laid down for dealing with pension claims made on account of visceral and neuro-syphilis. No clear regulations were formulated after the last war.

Congenital Syphilis.—All pregnant women should have a Wassermann test as a routine, and, if need be, hospital treatment before and after the confinement. For children with congenital syphilis, who cannot be properly cared for at home, there should be special homes like the Welander homes in Sweden, for treatment, observation, education and training.

It would be an advantage if a universal serological test could be introduced, comparable with mass radiography, to detect untreated and imperfectly treated cases.

Thanks to the modern chemotherapy of gonorrhœa it is unlikey that there will be many cases of late complications such as sterility or chronic arthritis.

We do not know what treatment and which drugs are being used at present in Austria, and whether the newest methods, such as treatment with Pencillin and the intensive Arsenic treatment are in use. These methods should be introduced and propagated.

Facilities for Treatment.—It is obviously preferable to give V.D. patients in the infectious stage in-patient treatment. It might be necessary, as in 1918, to increase the number of evening clinics for some years. The insurance companies should be asked for support. We should also follow the example of the British domiciliary service on the treatment of venereal disease in rural districts.

Medical Curriculum.—The standard of teaching in venereal disease must be brought back to the level reached in 1938.

Some British methods should be considered and, if suitable, copied, such as the propaganda from newspapers, radio and films, which has the support of schools, church, industry, and army. The treatment is provided without cost for any one who needs it, and is not restricted, as it was in Austria, by regulations which took into account citizenship and income. Whatever laws are passed must be acceptable to the people as a whole. Both sexes are equally responsible for the spreading of venereal disease. Venereal disease must be recognised as "social disease," and the appointment of specially trained almoners (as it is done at many clinics in this country), has to be asked for.

DENTAL SERVICES IN AUSTRIA

By W. NUKI, M.D., Vienna, L.D.S., R.C.S., Eng.

THE six and a half million Austrian people were served by 3,886 dentists, of whom 1,570 were medically qualified and 2,296 were not. Owing to the structure of the country and to the uneven distribution of the people, the dental services show a higher concentration of dentists

in the federal capital and in industrial districts than in the country. Compared with the English ratio of 1 dentist for every 3,000 people, the Austrian ratio of 1 for every 2,000 seems high; but actually the figure is misleading, because of the large number of dentists concentrated in Vienna. If Vienna is excluded, the ratio is 1 dentist to every 2,500 people.

The scanty number of dentists in country and mountainous districts was partly offset by the treatment, more in the nature of first-aid, given by doctors—who in that respect might have been called auxiliary dentists.

Dental treatment for both the insured and uninsured sections of the community was mainly given in the dentists' private surgeries.

Approximately 1,700,000 people were compulsorily insured and could claim free dental treatment, and the insurance societies also provided for some of the insured people's dependants, namely those of industrial clerks, the employees of federal state and other judicial bodies, and of the Austrian federal railway companies. These dependants numbered about 525,000.

Services to compulsorily insured people differed widely; workers' insurance societies covered the bulk (about 1,300,000) of them, but in this case their dependants were uninsured, and even the insured person had only a very limited claim upon dental service. Workers' insurance societies assigned their members only to dentists with no medical qualifications, and paid for services only one-third of the amount paid by the employees' insurance societies.

For the insured the dental services were given by dentists in the course of private practice, without organized control, and were arranged by the insurance societies either by agreement with the individual dentists or with the dental association. In addition, dental clinics were established by the big workers' and employees' insurance societies. They were established mainly for financial reasons, to simplify the annual accounts and reduce the costs of special treatment. This small group of dental

clinics, which were never even planned to include all insured people, were hardly more than experiments, and in many cases degenerated until they were only supplying special services to members closely connected with the management of the insurance societies.

Because medically qualified dentists in private practice gave no specialised treatment, and because university dental clinics, which served mainly as training colleges, could not cope with the number of cases attending, the Viennese workers' insurance society needed their own dental clinics. This society, covering 286,891 people, ran one dental clinic; another was run on behalf of the catering industry, and another for workers of the "Gremium der Wiener Kaufmannschaft." Employees' insurance societies ran dental clinics for the following groups: industrial clerks, bank officials, commercial clerks, employees and staff of the Vienna tramway company, and for a few private industries.

University dental clinics and some minor clinics, which served mainly for training students, treated most of those without means. Besides this, limited dental first-aid was given in the out-patient departments of general hospitals, and as charity by a monastic order called the "Barmherzigen Brueder."

SCHOOL DENTAL SERVICES.

The school medical services were responsible for examining regularly the mouths and teeth of the pupils —approximately 825,000—who attended school compulsorily, and of the bulk of secondary school pupils; whereas the school dental services treated at best only a quarter of the pupils at compulsory schools.

Altogether there were 53 city and local authorities maintaining school dental services, and of these, in 18 cities and towns the treatment was performed in school dental clinics. In 10 of the towns children were treated by the local dentist, while in others there were only advisory services. The school dental clinics totalled 40, of which 16 were in Vienna, with a staff of 43 dentists and 43 assistant nurses. In the 583 ante-natal clinics

and child-welfare centres, which dealt with more than half of all the children in their first year, advice was given on the prevention of dental diseases.

SCIENCE AND DENTAL TRAINING.

As with most other countries, Austria was late to recognize dentistry as a part of medical service. Only those occupying the few professional chairs and receiving the rare State grants could give all their energy to science or teaching. This explains the great proportion of unqualified dentists.

The collapse of the Austrian-Hungarian Empire provided Austria—in particular, Vienna—with a fair number of doctors, who were trained there, and who, partly because the political changes prevented their return home and partly because they were attracted by Vienna, preferred to remain. A relatively large number took up dentistry, among them several who were scientifically talented, whose medical careers had been hindered by a nepotism which was at that time developing in the Austrian scientific world. Dental research, carried on in institutions maintained by dentists working in private practice, was now enriched by the influx of anatomists, surgeons, and physicians into the profession. Work in other languages had to be translated, and this encouraged an exchange of scientific ideas. For the first time the results of American and Russian research were translated and published in Austrian professional journals. This higher standard finally led to an additional two years of post-graduate training.

DENTAL EMERGENCY MEASURES IN LIBERATED AUSTRIA.

In liberated Austria the dental service must be organized within an emergency medical programme:

For General Medical Reasons.—Teeth neglected through war conditions cause local and general septic processes which in many cases seriously hamper the success of medical treatment. This holds true not only for surgical treatment, but for medical treatment generally, for nutrition and general resistance to infection depend in part on good teeth.

Because the Dental Services are Inadequate—for there are only two public dental clinics in Vienna and only one in every provincial capital. General hospitals, of course, are much more numerous. The shortage in relative as well as absolute, because the number of patients needing it will have increased as a result of the unsettled state of the country—for instance, through unemployment and demobilisation.

POSSIBLE PRELIMINARY STEPS IN THE DENTAL SERVICES.

We should link the dental poli-clinics with the general medical health centres, which would help the various medical branches to work together, and which would reduce costs, since X-ray and experimental laboratories could be shared.

We should establish regional poli-clinics, and for this purpose all institutions which existed before the occupation must be used, such as insurance societies' dental clinics and school dental clinics under local authorities. The school clinics should be used, without necessarily discontinuing their normal work, for out-patient treatment, since there is likely to have been a steady decline of public health institutions during the occupation.

The work of the proposed centres would include every form of dental service; and to assist the work, these central dental clinics should be connected with dental laboratories, whose collaboration would make possible the treatment of gun-shot wounds and fractures. The staffs of these laboratories should include mechanics and electrical engineers to repair and maintain dental instruments and apparatus. While it is timely to establish regional clinics, the country districts will need special measures. In Austria, before the war, there were only 31 cities of more than 10,000 people. For the mountainous country districts I would suggest the provision of motorised dental units as part of the general mobile unit scheme. This will introduce dental treatment to the more remote areas and establish the principle of preventive dentistry for children.

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Composed of sodium, potassium, calcium and magnesium in the readily assimilable forms of carbonates, citrates, and phosphates, Alka-Zane, taken as a refreshing effervescent drink, serves the dual purpose of alkalization and fluid intake. It is established as a systematic alkalizer in sulphonamide therapy; in pregnancy it corrects faulty metabolism.

VEGANIN

TABLETS

Veganin is a synergistic association of codeine, acetylsalicylic acid and phenacetin. Veganin mitigates promptly the suffering from headache, migrane, neuralgia dismenorrhœa, menstrual distress, earache and other painful conditions. Veganin also quiets the attendant nervous symptoms without causing toxic effect.

CAL-BIS-NATE

ALKALINE POWDER

A carefully balanced combination of Bismuth Subcarbonate and Subgallate, Magnesium and Calcium Carbonates, Colloidal Kaolin and Sodium Bicarbonate, with Oil of Peppermint. Cal-Bis-Nate is indicated in gastric hyperacidity and is Invaluable in the treatment of all gastro-intestinal disorders.

VERACOLATE

TABLETS

Veracolate accomplishes two important functions in biliary disease: stimulation of the flow of bile and cleaning the intestinal tract. By supplying the combined bile salts, sodium taurocholate and sodium glycocholate, Veracolate favours the solution of cholesterol present in bile, thus lessening the possibility of stone formation.

G.I.

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